

Testimony by Susan Steinke in support of HB 5389
Single Points of Entry
Senior Health, Security and Retirement
May 2, 2006

I am so excited to be here today to lend my support to HB 5389. I have had an opportunity to work on the concept of an SPE for the last three years on at least four different workgroups and one Task Force, and it has been great fun and rewarding at the same time!

First, let me thank Rep. Rick Shaffer for introducing this important and necessary legislation. He has done a marvelous job of pulling people together and addressing their concerns. I also want to thank Rep. Vander Veen and the members of this committee for their leadership in long term care systems reform.

I know from personal experience working on the issue of Single Point of Entry that it is a very tense, heavily debated and tough issue. To develop the very best Single Point of Entry, everyone has to give up a lot to get what we need to work towards a balanced system based on consumer choice. I can say that many people have come to the table to discuss what Michigan's SPE system should look like and have worked through many points of difference. There are a number of common themes and concerns the legislation addresses.

◆ The legislation:

- ◆ promotes informed consumer choice about long term care options.
- ◆ requires person-centered planning in the long term care system.
- ◆ simplifies information, referral and assistance for consumers and their loved ones.
- ◆ builds upon existing relationships among acute, primary and emergency care providers as well as promoting the building of new relationships.
- ◆ has significant oversight and evaluation opportunities for members of the Legislature, advocates, the Administration, providers and others.
- ◆ mandates data collection that will assist Michigan in building and refining our long term care system.
- ◆ requires quality management and outcome measurement.
- ◆ addresses the concern of conflict of interest.

I know we hear quite a bit of concern about the possible cost of an SPE system once it is rolled out statewide. I hope to alleviate some of that concern by pointing out that much of the estimated amount in the Task Force report is from existing dollars. It is simply an attempt to ensure that we reflected all dollars that would be used in the SPE system. Some of the new dollars are actually based on a concern by the group (and I daresay, many advocates) that put together the recommendation that a certain segment of our long term care